



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 9/11/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of Topiramate 25 mg / 120 quantity / 30 day supply for headaches.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is a Medical Doctor who is board certified in Internal Medicine.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Topiramate 25 mg / 120 quantity / 30 day supply for headaches.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

Neurologic Consultation – 6/28/13

Records reviewed:

LHL009 – 8/26/13

Appeal Request Acknowledgement letter – 8/15/13

Denial Letters – 8/6/13, 8/19/13

Appeal Determination – 8/16/13

Pre-authorization Determination – 8/6/13  
MRI of the Brain – 7/10/13

Pre-authorization requested – 7/31/13  
Reconsideration Request – 8/14/13

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male with a history of traumatic brain injury on xx/xx/xx during which he was unconscious for approximately 10 seconds. He has headaches, memory loss, difficulty concentrating, and language deficits. He has been treated with nortriptyline and Zoloft. An MRI of the brain on 7/10/13 was normal. Topamax 25 mg, 4 tablets daily, was prescribed for chronic headaches.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Topiramate has FDA approval for migraine headache prophylaxis but does not have FDA approval for and is not pharmacy compendia supported for treatment of or prophylaxis against any other type of headache (including post-traumatic headache). Although topiramate has FDA approval for treatment of seizure disorder, the claimant does not have seizure disorder or require anticonvulsant prophylaxis (and the medication was not prescribed for this indication according to the medical records). Topiramate additionally is not recommended by Official Disability Guidelines for treatment of post-traumatic headache. In summary, topiramate 25 mg, 120 tablets for 3 days, is not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**
  - Product Information: TOPAMAX(R) oral tablets, oral sprinkle capsules, topiramate oral tablets, oral sprinkle capsules. Ortho-McNeil Neurologics, Inc, Titusville, NJ, 2008
  - Physicians Desk Reference, 2013 edition
  - Micromedex